

**PATENT NUMBER**

## U.S. UTILITY Patent Application

<b>O.I.P.E.</b> <b>SCANNED</b> <i>TD2</i> <i>QA</i> <i>Am</i>	<b>PATENT DATE</b>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/917858	D F	424	400	1615	CHANNARASJANA

## APPLICANTS

Regina Schoemaker

**TITLE**

### Use of moxonidine for postmyocardial infarction treatment

PTO-2040  
12/99[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE ISSUED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	
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